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10-10-01

PTO/SB/05 (2/98)

UTILITY PATENT APPLICATION TRANSMITTAL

For new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	NIAD-201.3 DIV
First Inventor or Application Identifier	JACOBSON et al.
Title	GENES ENCODING SEVERAL POLY (ADP-RIBOSE) GLYCOHYDROLASE (PARG) ENZYMES, THE PROTEINS...
Express Mail Label No.	EL649538437US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)2. Specification
(preferred arrangement set forth below)

Total Pages

69

- Descriptive title of the Invention

- Cross References to Related Applications

- Reference of Microfiche Appendix

- Background of the Invention

- Brief Summary of the Invention

- Brief Description of the Drawings (if filed)

- Detailed Description

- Claim(s)

- Abstract of the Disclosure

3. Drawing(s) (35 U.S.C. 113)

Total Sheets

21

4. Oath or Declaration

Total Pages

8

a. Newly executed (original or copy)b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)i. **DELETION OF INVENTOR(S)**Signed statement attached deleting inventor(s)
named in the prior application, see 37 C.F.R. §§
1.63(d)(2) and 1.33 (b)5. Incorporation By Reference (useable if Box 4b is checked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: 09/302,812

Prior application information:

Examiner: K Lacourciere

Group / Art Unit: 1635

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or bar code label	(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> or	<input checked="" type="checkbox"/> Correspondence address below
Name	Fulbright & Jaworski LLP			
Address	666 Fifth Avenue			
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Name (Print/Type)	Norman D Hanson		Registration No. (Attorney/Agent)	30,946
Signature			Date	10/08/05

FEE TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	To be assigned
		Filing Date	Herewith
		First Named Inventor	JACOBSON et al.
		Group Art Unit	To be assigned
		Examiner Name	To be assigned
		Attorney Docket No.	NIAD-201.3 DIV

FEE CALCULATION

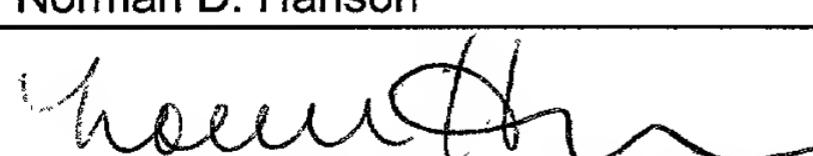
(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 370.00
TOTAL CLAIMS	30- 20 =	10	x 9.00	\$ 90.00
INDEPENDENT CLAIMS	10- 3 =	7	x 42.00	\$ 294.00
MULTIPLE DEPENDENT CLAIMS	□	N/A	\$260/130.00	—
			TOTAL FEES	\$754.00

METHOD OF PAYMENT

Please charge Deposit Account No. 50-0624 in the amount of \$_____

A check for \$754.00 is enclosed to cover the cost of the Application filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>	
Typed or Printed Name	Norman D. Hanson		Reg. No. 30,946
Signature		Date: 16/08/10	Deposit Account No. 50-0624